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07/22/2004

Kaspar Tobias Winther 7 Walnut Street Upton, MA 01568-1101

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KASPAR TUBIAS WINTHER	(Depositor's name)
K.T. White,	(Signature)
Sept. 21, 2004	(Date)

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	10/087 825	03/05/2002	Kaspar Tobias Winther		5178

TITLE OF INVENTION: BONDING OF PARTS WITH DISSIMILAR THERMAL EXPANSION COEFFICIENTS

APPLN, TYPE	APPLN, TYPE SMALL ENTITY ISSUE I		EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	10/22/2004
EXAM	INER	ART UN	IT	CLASS-SUBCLASS]	
SARKAR,	ASOK K	2829		438-455000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		a member a 2anes of up to	
Number is required.			113000, 110	name with or printed.		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Agityne Corporation

Upton, Ma

individual : a corporation or other private group entity government Please check the appropriate assignee category or categories (will not be printed on the patent); 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: M Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to ☐ Advance Order - # of Copies Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) R. Tobas Winter

SEPT. 21, 2004

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